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SPONSOR CERTIFICATION FOR VOLUNTEER REGISTRATION

APPLICANT: THIS FORM IS TO BE COMPLETED BY A REPRESENTATIVE OF THE NONPROFIT ORGANIZATION SPONSORING YOUR VOLUNTEER PRACTICE. **PRINT CLEARLY OR TYPE:** I ______ is a publicly supported all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people. Signature of Sponsor/Representative Title of Sponsor Representative State of ______. Sworn and subscribed to, before this ______, 20____. My Commission expires on ______. Signature of Notary Public